BEFORE THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES OF THE STATE OF MONTANA

)	NOTICE OF AMENDMENT
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TO: All Concerned Persons

- 1. On July 17, 2008, the Department of Public Health and Human Services published MAR Notice No. 37-446 pertaining to the proposed amendment of the above-stated rules at page 1420 of the 2008 Montana Administrative Register, Issue Number 13.
 - 2. The department has amended ARM 37.86.2207 as proposed.
- 3. The department has amended the following rules as proposed, but with the following changes from the original proposal, new matter underlined, deleted matter interlined:
 - <u>37.86.610 THERAPIES, REIMBURSEMENT</u> (1) remains as proposed.
- (2) Subject to the requirements of this rule, the Montana Medicaid program pays the following for therapy services:
 - (a) For patients who are eligible for Medicaid, the lower of:
 - (i) the provider's usual and customary charge for the service; or
- (ii) the reimbursement provided in accordance with the methodologies described in ARM 37.85.212 the amount provided in the department's Montana Medicaid speech therapy fee schedule dated January 1, 2008, occupational therapy fee schedule dated January 1, 2008, and physical therapy fee schedule dated October 1, 2007, which are adopted and incorporated by reference. A copy of the department's speech, occupational, and physical fee schedules are posted at the Montana Medicaid provider web site at http://medicaidprovider.hhs.mt.gov. A copy of the department's Montana Medicaid Speech Therapy Fee Schedule, Occupational Therapy Fee Schedule, or Physical Therapy Fee Schedule may also be obtained from the Department of Public Health and Human Services, Health Resources Division, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951.

AUTH: <u>53-2-201</u>, <u>53-6-113</u>, MCA

IMP: 53-2-201, 53-6-101, 53-6-111, 53-6-113, MCA

- <u>37.86.705 AUDIOLOGY SERVICES, REIMBURSEMENT</u> (1) remains as proposed.
- (2) Subject to the requirements of this rule, the Montana Medicaid program pays the following for audiology services:
 - (a) For patients who are eligible for Medicaid, the lower of:

- (i) the provider's usual and customary charge for the service; or
- (ii) the reimbursement provided in accordance with the methodologies described in ARM 37.85.212 the amount provided in the department's Montana Medicaid Audiology fee schedule dated October 1, 2007, which is adopted and incorporated by reference. A copy of the department's audiology fee schedule is posted at the Montana Medicaid provider web site at http://medicaidprovider.hhs.mt.gov. A copy of the department's Montana Medicaid Audiology Fee Schedule may also be obtained from the Department of Public Health and Human Services, Health Resources Division, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951.

AUTH: <u>53-2-201</u>, <u>53-6-113</u>, MCA

IMP: <u>53-2-201</u>, <u>53-6-101</u>, <u>53-6-111</u>, 53-6-113, MCA

- 4. The proposed amendments to ARM 37.86.610 and 37.86.705 would have substituted fee schedules for references to the reimbursement methodology in ARM 37.85.212. The department updates the fee schedules semi-annually. The department is concerned that adoption of fee schedules in the rules will require rulemaking twice each year to maintain the fees at the amounts determined using the methodology. The department has limited resources and it would not be consistent with good management practices to create additional duties. Therefore, the department is not adopting the fee schedules as proposed and will continue to follow the methodology set forth in ARM 37.85.212. This will have no effect on the amounts providers would receive for therapy services and audiology.
 - 5. No comments or testimony were received.
- 6. The department intends to apply these rules retroactively to July 1, 2008. A retroactive application of the proposed rules does not result in a negative impact to any affected party.

/s/ John Koch	/s/ Joan Miles
Rule Reviewer	Joan Miles, Director
	Public Health and Human Services

Certified to the Secretary of State September 2, 2008.